

FORM
N-70NP
(REV. 1995)
1995

STATE OF HAWAII—DEPARTMENT OF TAXATION

**EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN**

For calendar years 1995 or other taxable year beginning

• _____, 1995 and ending • _____, 19 _____

• PRINT OR TYPE •	Name of organization	AMD	UNP	008	PNT	INT	
	Dba or C/O	• A Federal Employer I.D. No.					
	Address (number and street)	• B Hawaii G.E./Use I.D. No.					
	City or town, State and ZIP code	C This organization is a (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Charitable Trust					

ATTACH A COPY OF FEDERAL FORM 990-T TO THIS RETURN

Taxable Income	ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T					
	1	Gross receipts or sales	1 •			
	2	Returns and allowances	2 •			
	3	Cost of goods sold and/or operations	3 •			
	4	Capital gain net income	4 •			
	5	Other income	5 •			
	6	Total unrelated trade or business income	6 •			
	7	Total deductions	7 •			
	8	Unrelated business taxable income	8			
Tax Computation	Organizations Taxable as Corporations (See Instructions for Tax Computation)					
	9	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 5.	9 •			
	Trusts Taxable at Trust Rates (See Instructions for Tax Computation)					
	10	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 10	10 •			
	11	Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	11			
	12	Total tax (add lines 9 or 10 and 11)	12			
Total Income Tax	13	(a) Credit for Energy Conservation (attach Form N-157 or N-306)	13(a) •			
		(b) Credit for income tax paid to a state or foreign country by a resident estate or trust	13(b) •			
		(c) Enterprise Zone Tax Credit (attach Form N-756)	13(c) •			
		(d) Low-Income Housing Tax Credit (attach Form N-586)	13(d) •			
		(e) Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	13(e) •			
	14	Total (add lines 13(a) through 13(e))	14 •			
	15	Difference — line 12 minus line 14 (but not less than zero)	15			
	16	Credits and payments:				
		(a) 1994 overpayment credited to 1995	16(a) •			
		(b) Estimated tax payments	16(b) •			
		(c) Tax paid with automatic extension of time to file (attach Form N-100 or N-301)	16(c) •			
		(d) Credit of shareholder of regulated investment company	16(d) •			
		(e) Capital Goods Excise Tax Credit (attach Form N-312)	16(e) •			
		(f) Fuel Tax Credit for Commercial Fishers (attach Form N-308 or N-163A)	16(f) •			
	(g) Total credits and payments (add lines 16(a) through 16(f))	16(g) •				
17	Estimated tax penalty (see Instructions). Check One: <input type="checkbox"/> Form N-210 <input type="checkbox"/> Form N-220	17 •				
18	TAX DUE — If line 16(g) is less than the total of lines 15 and 17, enter amount owed (see Instructions)	18 •				
19	OVERPAYMENT — If line 16(g) is larger than the total of lines 15 and 17, enter amount overpaid	19 •				
20	Amount of line 19 you want Credited to 1996 estimated tax	20(a) •				
	Refunded	20(b) •				

Please
Sign
Here

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.



Signature of officer

Date

Title

Paid
Preparer's
InformationPreparer's
Signature

Date

Check if
self-employed ☐

Preparer's social security number

Firm's name (or yours
if self-employed) and
addressFederal
E.I. No.

ZIP CODE

TAX COMPUTATION SCHEDULE

PART I — Corporations

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1		
2	Enter the amount of taxable net capital gain as shown on page 1, line 4	2		
3	Line 1 minus line 2 (if less than zero, enter zero)	3		
4	(a) Tax on net capital gain — 4% of amount on line 2	4(a)		
	(b) Tax on all other taxable income — If amount on line 3 is:			
	(i) Not over \$25,000 — Enter 4.4% of line 3	4(b)(i)		
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4% of line 3 \$ Subtract \$250 and enter difference	4(b)(ii)		
	(iii) Over \$100,000 — Enter 6.4% of line 3 \$ Subtract \$1,250 and enter difference	4(b)(iii)		
	(c) Total of lines 4(a) and 4(b)	4(c)		
	(d) Using the rates listed on line 4(b), compute tax on unrelated business taxable income as shown on line 1	4(d)		
5	Total tax (enter lesser of amount on line 4(c) or 4(d)) Also, enter this amount on page 1, line 9.	5		

PART II — Charitable Trusts

1	Unrelated business taxable income (page 1, line 8)	1		
2	Net capital gain taxable to the trust. Enter the smaller of line 16 or 17, col. (b), Schedule D (Form N-40) If this line is zero, GO TO LINE 9	2		
3	Difference — line 1 minus line 2	3		
4	Enter the greater of line 3 or \$3,500	4		
5	Tax on amount on line 4. If line 4 is \$3,500, enter \$130.00	5		
6	Difference — line 1 minus line 4	6		
7	Multiply the amount on line 6 by 7.25%	7		
8	Tax. Add lines 5 and 7	8		
9	Tax on amount on line 1 above	9		
10	Enter the lesser of line 8 or line 9 here and on page 1, line 10	10		

TRUST TAX RATES

If the taxable income is:	The tax shall be:
Not over \$1,500	2% of taxable income
Over \$1,500 but not over \$2,500	\$30.00 plus 4% of excess over \$1,500
Over \$2,500 but not over \$3,500	\$70.00 plus 6% of excess over \$2,500
Over \$3,500 but not over \$5,500	\$130.00 plus 7.25% of excess over \$3,500
Over \$5,500 but not over \$10,500	\$275.00 plus 8% of excess over \$5,500
Over \$10,500 but not over \$15,500	\$675.00 plus 8.75% of excess over \$10,500
Over \$15,500 but not over \$20,500	\$1,112.50 plus 9.5% of excess over \$15,500
Over \$20,500	\$1,587.50 plus 10% of excess over \$20,500